

DONATION FORM



Please enclose a check made out to The Bay Citizen and mail your tax-deductible donation with this form to:

The Bay Citizen
Attn: Rose Roll
126 Post Street, Suite 500
San Francisco, CA 94108

Donor Information

First Name: _____ M.I. _____ Last Name: _____

Mailing Address Information

Street: _____ Apt. or Suite: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

☐ Yes, I would like to receive news updates from The Bay Citizen once a day

☐ Yes, I would like to receive news updates from The Bay Citizen once a week

Gift Amount (please check one)

☐ \$5,000 ☐ \$2,500 ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$150 ☐ \$100 ☐ \$50 ☐ Other: _____

Gift Membership

If you would like to give a gift membership, please let us know the honoree's name in the space below. If you would also like us to send them an acknowledgment, please include their address and/or email address.

Gift Member Information

First Name: _____ M.I. _____ Last Name: _____

Email address: _____

Street: _____ Apt. or Suite: _____

City: _____ State: _____ Zip Code: _____

Gift Member Message

Thank you for your support.

You will receive acknowledgment for tax purposes in the mail within two to four weeks.